

REPORT OF DESIGNEE

Dealer Name _____ Dealer Number _____
Plate No. _____ Beginning Use Date _____ Ending Date _____
Designee Name _____
Address _____ County _____
City _____ State _____ Zip _____
Vehicle Year _____ Make _____ Model _____ Style _____
Vehicle Identification No. _____

Plate No. _____ Beginning Use Date _____ Ending Date _____
Designee Name _____
Address _____
City _____ State _____ Zip _____
Vehicle Year _____ Make _____ Model _____ Style _____
Vehicle Identification No. _____

TAX _____
Plate No. _____ Beginning Use Date _____ Ending Date _____
Designee Name _____
Address _____
City _____ State _____ Zip _____
Vehicle Year _____ Make _____ Model _____ Style _____
Vehicle Identification No. _____

TAX _____
Plate No. _____ Beginning Use Date _____ Ending _____
Designee Name _____
Address _____
City _____ State _____ Zip _____
Vehicle Year _____ Make _____ Model _____ Style _____
Vehicle Identification No. _____

TAX _____
Plate No. _____ Beginning Use Date _____ Ending _____
Designee Name _____
Address _____
City _____ State _____ Zip _____
Vehicle Year _____ Make _____ Model _____ Style _____
Vehicle Identification No. _____

TAX _____

I hereby swear and affirm under penalty of perjury that the information contained and attached to this report is true and correct.

Signature _____ Title _____ Date _____
(Please make additional blank copies as necessary.)